

Wisconsin DEATH CERTIFICATE Application

Please complete this form and take to Window #1 (identification required and payment – **cash only in person**). If ordering by mail return form to the following address with a self-addressed stamped envelope and appropriate fee. Please make **Money Order or Cashier's Check (No Personal Checks accepted)** payable to:

Register of Deeds Attn: Vital Records
901 N. 9th St. Rm 103
Milwaukee, WI 53233

Telephone 414-278-4002

Penalties: Any person who willfully and knowingly makes false application for a death certificate shall be fined not more than \$10,000 or imprisoned not more than 90 days or both..

Name of **Decedent:** _____
First Middle Last

Date of **Death:** _____ Date of Birth or Age at Death: _____

Place of Death: City, Village, Township: _____ County: Milwaukee

Spouse's Name: _____ Soc. Security No: _____
(Of Decedent)

Father's Name: _____

Mother's Name: _____

According to Wisconsin State Statute 69, a Certified copy of a Death record is only available to persons with a "Direct and Tangible Interest."

Please Check the box which indicates your relationship to the persons named on the record:

() A. I am the Parent of the person named on the record.

() B. I am the Legal Custodian or Guardian of one of the persons named on the record.

() C. I am a member of the immediate family of one of the persons named on the record.

Please check one (Only those listed below qualify as Immediate Family

() Spouse () Child () Brother () Sister () Grandparent

() D. I am a representative, authorized in writing, by any of the before mentioned (A through D), including an attorney: Specify whom you represent: _____

() E. I can demonstrate that the information from this record is necessary for the determination or protection of a person or property right for myself/my agency/my client.

() F. Other: Non-certified copy only.

FEES: FIRST COPY IS \$7.00. EACH ADDITIONAL COPY ISSUED AT THE SAME TIME IS \$3.00 effective Oct. 1, 2001.

The fee is for a search of the record and the cost of the first copy. The fee is NOT REFUNDABLE if record is found.

NUMBER OF COPIES: _____ ID Verified _____

APPLICANT INFORMATION (the following information is about the person completing this form):

Your Name (**Please print**): _____ Today's date: _____

Your **Signature:** _____ Daytime telephone #: _____

Your Mailing Address: _____
Street City State Zip code

Mail to (if different): _____
Street City State Zip code